

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045753

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318  
1003  
11284  
FILED NOV 22 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Luke Hospital**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**2737 A. Stoddard Street**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First  
**Andrew**

Middle

Last  
**McClendon**

4. DATE  
OF  
DEATH

Month  
**11**

Day  
**11**

Year  
**1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**Negro**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**11-28-95**

9. AGE (last birthday)  
**67**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
**11 13**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Railroad (Retired)**

10b. KIND OF BUSINESS OR INDUSTRY  
**None**

11. BIRTHPLACE (City and state or country)  
**Mississippi**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Andrew McClendon, Sr.**

13b. MOTHER'S MAIDEN NAME

**Salona Trapp**

14. NAME OF HUSBAND OR WIFE

**Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Viviana McClendon**

**2737 A. Stoddard St.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinomatosis  
Probably Left Renal Carcinoma**

INTERVAL BETWEEN  
ONSET AND DEATH  
**Months**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **16 October 1963** to **11 November** and last saw him alive on **11 November**  
Death occurred at **10 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
(Type or print)  
**W. Bennington Jr. M.D.**

22b. ADDRESS

**3720 Worthington Blvd.**

22c. DATE SIGNED

**11/14/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**11-15-63**

23c. NAME OF CEMETERY OR CREMATORY

**Greenwood**

23d. LOCATION (City, town, or county)

**St. Louis County, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Ellis Funeral Home, Inc. 2820 Stoddard St.**

25. DATE RECD. BY LOCAL REG.

**NOV 14 1963**

26. REGISTRAR'S SIGNATURE

**Ed Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*McClintock*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Gulton E. Culkin*

Licensed Embalmer No. \_\_\_\_\_

*4198*

P. O. Address \_\_\_\_\_

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.